

**FDA HEALTH AND DIET SURVEY**

Hello, I'm \_\_\_\_\_ with (contractor). I am calling on behalf of the United States Food and Drug Administration, the FDA. We're not selling anything. We're doing a study about people's opinions about foods and health. Have I reached you on a landline phone or a cell phone?

**[IF LANDLINE]**

SCR1. May I speak to the member of your household who is aged 18 or over and has had the most RECENT birthday? Would that be you?

**[IF SCR2:1, REINTRODUCE; IF SCR2:2, ASK FOR THE FIRST NAME OF THE ELIGIBLE RESPONDENT FOR CALL-BACK PURPOSE. REINTRODUCE AS NECESSARY.]**

SCR2. May I speak with a member of the household who is at least 18 years old and has the most recent birthday?

Yes

No/Not available

**(IF NOT AVAILABLE, ASK FOR THE FIRST NAME OF THE ELIGIBLE RESPONDENT FOR CALL-BACK PURPOSE. REINTRODUCE AS NECESSARY.)**

**[ONLY respondents reached via a cell number]**

SCR4. Are you at least 18 years old or under 18?

Yes, 18+ years old

No, under 18

**[IF SCR4:1; CONTINUE, OTHERWISE TERMINATE]**

**FIRST QUESTION SCRIPTED**

**[ASK SCR0 OF ALL RESPONDENTS]**

SCR0. INTERVIEWER DO NOT READ. Is respondent on cell phone or landline?

Landline phone  
Cell phone

**INTERVIEWER WARNING: YOU HAVE SELECTED [INSERT SCR0 RESPONSE]. IS THIS CORRECT?**

YES  
NO

**[IF NO GO BACK TO SCR0 AND ENTER CORRECT RESPONSE]**

SCR3. This call may be monitored for quality control purposes. Your answers to this survey are voluntary and will be kept secure to the extent provided by law. The survey will take about 15 minutes.

**[ONLY respondents reached via a landline number]**

SCR3a. For personal calls, do you only use a landline phone at your household, or do you also have cell phone service on which I could have reached you?

Landline only  
Cell phone also

**[SCR5 ON ONLY RESPONDENTS REACHED VIA A CELL NUMBER]**

SCR5. For personal calls, do you only use a cell phone, or do you also have regular landline phone at your household on which I could have reached you?

Cell phone only  
Landline also

This call may be monitored for quality control purposes. Your answers to this survey are voluntary and will be kept confidential. The survey will take about 15 minutes.

**(INTERVIEWER: CODE SEX WITHOUT ASKING)**

Male  
Female  
Not Sure

***[ALL RESPONDENTS] GO TO SURVEY.***

**[RESPONDENTS WILL BE RANDOMLY ASSIGNED TO ANSWER VERION 1 OR VERSION 2 OF THE SURVEY. ALL RESPONDENTS WILL BE ASKED SECTION E (V2 to V13).]**

**FDA Health and Diet Survey, Version 1**

**SECTION B. DIET-DISEASE RELATIONSHIPS**

D1. First, I am going to read two statements about health and food. As I read each statement, please tell me how much you agree or disagree with it. The first statement is... Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with it?

...

The next statement is "..."

The next statement is...

**(INTERVIEWER: REPEAT RESPONSE OPTIONS WHEN NECESSARY)**

Strongly agree  
Somewhat agree  
Somewhat disagree  
Strongly disagree

**[PROG: D1: RANDOMIZE LIST/RANDOMIZE ITEMS]**

If I eat a healthy diet I can greatly reduce my chance of getting heart disease  
If I eat a healthy diet I can greatly reduce my chance of getting cancer.

A5. Have you heard anything about heart disease or heart attacks being related to things people eat or drink?

Yes  
No

A7. Have you heard anything about cancer being related to things people eat or drink?

Yes  
No

DBA700. Now, think about your eating habits. In general, how healthy is your overall diet? Would you say?

Excellent  
Very good  
Good  
Fair, or  
Poor

CBQ645. About how many calories do you think a [IF SPEAKING TO A MALE INSERT 'man'; IF SPEAKING TO A FEMALE INSERT 'woman'] of your age and physical activity needs to consume a day to maintain your current weight?

**(INTERVIEW, READ LIST AS NECESSARY)**

Less than 500 calories  
500-1000 calories  
1001-1500 calories  
1501-2000 calories  
2001-2500 calories  
2501-3000 calories  
More than 3000 calories

### **SECTION C. USE AND UNDERSTANDING OF FOOD LABELS**

DBQ750. Think about the Nutrition Facts label on many food products that list the amounts of things like calories, fat, cholesterol, vitamins and minerals in the product. How often do you use the Nutrition Facts label when deciding to buy a food product? Would you say always, most of the time, sometimes, rarely, or never?

**(INTERVIEWER: DO NOT READ "DK/NS/RF/ NEVER SEEN THE LABEL")**

Always  
Most of the time  
Sometimes  
Rarely  
Never  
NEVER SEEN THE LABEL  
DK/NS  
RF

**[PROG: IF DBQ750= Rarely, Never, SKIP TO CBQ698]**

**[PROG: IF DBQ750=DK/NS/RF OR Never seen the label, SKIP TO J1]**

CBQ710. Now think about the types of food products you buy using the Nutrition Facts label. How often do you look for nutrition information on the Nutrition Facts label when you buy each of the following types of foods? Would you say always, most of the time, sometimes, rarely, or never?

**[PROG: ALL SKIP TO J1]**

**[PROG: CBQ710. RANDOMIZE LIST]**

**(Interviewer – do not read “ I’ve never seen the label” or “I never/don’t buy these products”)**

Snacks like chips, popcorn, or pretzels  
Breakfast cereals  
Salad dressings  
Raw meat, poultry, or fish  
Processed meat products like hot dogs or bologna  
Bread

Always  
Most of the time  
Sometimes  
Rarely  
Never  
I’ve never seen the label  
I never/don’t buy these products  
DK/NS  
RF

CBQ698. People rarely or never check the Nutrition Facts label for various reasons. Which of the following three reasons is the **primary** reason that you rarely or never check the Nutrition Facts label when deciding to buy a food product?

I don't have the time  
It is difficult to use the label  
I don't feel I need to use the label  
DK/NS  
RF

**[PROG: CBQ698. RANDOMIZE LIST]**

**IF CBQ698= “I don't have the time”, or “DK/NS” OR “RF” SKIP TO J1**

**IF CBQ698= “It is difficult to use the label” GO TO CBQ698x**  
**IF CBQ698= “I don’t feel I need to use the label” GO TO CBQ698y]**

CBQ698x. You said it is difficult for you to use the Nutrition Facts label. Is it:  
Because the print on the label is too small,  
Because you cannot read English that well, or  
Because you don’t know what to look for even if you read the label?  
You can choose more than one answer.

**[PROG: CBQ698x. RANDOMIZE LIST]**

The print is too small  
I cannot read English that well  
I don’t know what to look for even if I read the label  
DK/NS  
RF

**[ALL SKIP TO J1]**

CBQ698y. You said you don’t feel you need to use the Nutrition Facts label. Is it:  
Because you usually buy foods that you are used to,  
because you buy what you or your family likes,  
because you are satisfied with your diet or health, or  
because you get product information from other sources  
because you don’t think food labels are important to you  
You can choose more than one answer.

**[PROG: CBQ698y. RANDOMIZE LIST]**

I usually buy foods that I'm used to  
I buy what I or my family like  
I am satisfied with my diet or health  
I get product information from sources other than the Nutrition Facts label  
I don’t think food labels are important  
DK/NS  
RF

**SECTION D. DIETARY MANAGEMENT**

J1. Are you on a reduced-calorie or weight-loss diet?

- Yes
- No
- DK/NS
- RF

**[PROG: IF J1=NO OR DK/NS OR RF, SKIP TO J3, OTHERWISE CONTINUE TO J2]**

J2. Did a doctor or other health professional recommend that you be on a reduced-calorie or weight-loss diet?

- Yes
- No
- DK/NS
- RF

J3. There are some food products specially made to have less fat; they're often labeled "low fat" or "fat free" or something like that. Have you ever seen any of these products or seen them in advertising?

- Yes
- No
- DK/NS
- RF

**[PROG: IF J3=NO OR DK/NS OR RF, SKIP TO N1, OTHERWISE CONTINUE TO J3a]**

J3a. Do you buy "low fat" or "fat free" foods regularly, only sometimes, hardly ever, or do you never buy these products?

- Regularly
- Only Sometimes
- Hardly ever
- Never
- DK/NS
- RF



J4. To the best of your knowledge, does the government set standards about which products are qualified to use statements like “low fat” or “fat free”?

- Yes
- No
- DK/NS
- RF

#### **SECTION E. DIETARY SUPPLEMENTS AND ENERGY DRINKS**

Now please think about dietary supplements such as vitamins, minerals, herbs, and other supplements that you may take in addition to your regular diet.

**(Interviewer note – please PAUSE)**

N1. First, have you taken a multi-vitamin or multi-mineral supplement in the past 12 months, that is, since (month, year)?

**(INTERVIEWER NOTE: IF NECESSARY, EXPLAIN THESE PRODUCTS ARE THINGS LIKE ONE-A-DAY, MEGA-VITAMIN, CENTRUM A-TO-ZINC, AND OTHER PRODUCTS THAT CONTAIN A VARIETY OF DIFFERENT VITAMINS, MINERALS, AND MAY ALSO CONTAIN OTHER THINGS AS WELL.)**

- Yes
- No
- DK/NS
- RF

N2. And in the past 12 months, have you taken a specialized or single-ingredient vitamin or mineral supplement such as vitamin C, vitamin E, iron, or calcium?

**[EXCLUDE: VITAMINS AND MINERALS ADDED TO FOODS OR BEVERAGES  
—EXAMPLE: VITAMIN-D FORTIFIED MILK AND VITAMIN-C FORTIFIED ORANGE JUICE.**

**INCLUDE:** (1) SINGLE-INGREDIENT PRODUCTS THAT COME WITH AUXILIARY INGREDIENTS--EXAMPLE: A SUPPLEMENT SOLD AS A CALCIUM BUT ALSO INCLUDES MAGNESIUM, COPPER, AND A FEW OTHER THINGS;  
(2) PRODUCTS LIKE “CALCIUM-MAGNESIUM-ZINK” WHICH ALSO CONTAINS A FEW OTHER THINGS;  
(3) VITAMIN B-COMPLEX;  
(4) CALCIUM ANTACID, IF TAKEN FOR THE CALCIUM. IF RESPONDENT IS NOT SURE WHETHER THE PRODUCT(S) HE OR SHE TOOK IS CONSIDERED A VITAMIN OR MINERAL SUPPLEMENT, USE THE CHECKLIST, APPENDIX A, TO HELP HIM OR HER IDENTIFY THE KIND OF SUPPLEMENT.]

**(INTERVIEWER NOTE -IF ANSWER IS NOT CLEARLY A SUPPLEMENT AND SOUNDS LIKE IT MAY BE AN INGREDIENT IN FOOD, ASK “IS THAT IN YOUR FOOD OR IS IT TAKEN SEPARATELY AS A SUPPLEMENT?”)**

Yes  
No  
DK/NS  
RF

N3. Have you taken any kind of herbs, botanicals, or other supplements that are **not** vitamins or minerals the past 12 months, that is, since (month, year)? We are talking about things such as garlic pills, echinacea, ginkgo, glucosamine, St. John's wort, amino acids, or fish oil. [INTERVIEWER: PLEASE READ THE EXAMPLES SLOWLY.]  
[INCLUDE: SINGLE-INGREDIENT PRODUCTS AND PRODUCTS WITH MORE THAN ONE KIND OF SUPPLEMENT MIXED TOGETHER.

INCLUDE: GINSENG TEA AND OTHER HERBAL TEAS TAKEN MAINLY FOR HEALTH PURPOSES. EXCLUDE: FRESH GARLIC, FRESH GINSENG, GINSENG ROOT, AND HERBS USED TO FLAVOR FOODS IN COOKING SUCH AS GARLIC FOR SPAGHETTI SAUCE OR PEPPERMINT FOR TEA.

EXCLUDE: SUPPLEMENTS THAT ARE NOT TAKEN BY MOUTH, SUCH AS VITAMIN E OR ALOE USED ON SKIN. PRODUCTS MAY BE IN THE FORM OF TABLET, CAPSULE, PILL, EXTRACT, GRANULE, LOZENGE, SYRUP, TEA, TINCTURE, OR IN THEIR NATURAL FORM SUCH AS ROOT AND LEAF. IF RESPONDENT IS NOT SURE WHETHER THE PRODUCT(S) HE OR SHE TOOK IS CONSIDERED A HERBAL SUPPLEMENT, USE THE CHECKLIST, APPENDIX A, TO HELP HIM OR HER IDENTIFY THE KIND OF SUPPLEMENT.]

**(INTERVIEWER NOTE -IF ANSWER IS NOT CLEARLY A SUPPLEMENT AND SOUNDS LIKE IT MAY BE AN INGREDIENT IN FOOD, ASK "IS THAT IN YOUR FOOD OR IS IT TAKEN SEPARATELY AS A SUPPLEMENT?")**

Yes  
No  
DK/NS  
RF

**[PROG: N3**

**IF N3=Yes SKIP TO Q16]**

**IF N3=No and IF (N1 OR N2)=YES, SKIP TO Q1;**

**IF N1=N2=N3=NO/DK/NS/RF, SKIP TO ER1]**

**IF N3=DK/NS and IF N1 OR N2=YES, SKIP TO Q1**

**IF N3=RF and IF N1 OR N2=YES, SKIP TO Q1]**

Q1. Before you try a vitamin or mineral supplement **for the first time**, do you usually, sometimes, hardly ever, or do you never look for information about the supplement?

- Usually
- Sometimes
- Hardly ever
- Never
- DK/NS
- RF

**[PROG: Q1- ASK Q1 IF N1=yes OR N2=yes  
IF Q1= "Never, DK/NS, or RF SKIP TO Q3]**

Q2. Do you **personally** get a lot, a little, or no information about vitamin or mineral supplements from each of the following.

An alternative medicine practitioner like a nutrition therapist or a herbal therapist  
[ALSO INCLUDES: PRACTITIONER/THERAPIST OF ACUPUNCTURE, BIOFEEDBACK, CHIROPRACTIC, CHELATION THERAPY, ENERGY HEALING/REIKI, FOLK MEDICINE, HEPNOSIS, HERBAL THERAPY, HOMEOPATHY, MASSAGE, NATUROPATHY, NUTRITION THERAPY, OSTEOPATHY.]

A medical doctor, physician's assistant, registered nurse, or dietitian

Family or friends

A sales person at a store

Newspapers, magazines, books, or medical articles

Television or radio

The Internet

Product labels

**[PROG.: Q2: RANDOMIZE LIST KEEP a AND b TOGETHER AND DON'T  
CHANGE THEIR ORDER]  
(INTERVIEWER - READ LIST)**

- A lot
- A little
- No information
- DK/NS
- RF

Q3. Now, let's talk about the **labels** on vitamin and mineral products. Do **you** **yourself** use these labels to find out ...

**[PROG: Q3. RANDOMIZE LIST]**

What ingredients are in the product  
The amounts of specific ingredients in the product  
What the product is for  
If there are side effects or drug interactions from using the product  
If anyone should avoid the product  
How different brands of a supplement compare to each other

**(INTERVIEWER – DON'T READ “The information is not on the labels/DK/NS/ OR REF**

**LABELS INCLUDE LABELS ON THE BOTTLES/PACKAGES AND PACKAGE INSERTS.)**

Yes  
No  
The information is not on the labels  
DK/NS  
RF

R1. I am going to read four statements about vitamin and mineral supplements. Please tell me how strongly you agree or disagree with each statement.

**[PROG: R1. RANDOMIZE LIST]**

A good reason for me to take vitamin or mineral supplements is to **prevent** illnesses  
A good reason for me to take vitamin or mineral supplements is to **treat** illnesses.  
It is important to educate myself about vitamin and mineral supplements before I try them.  
I try to pay attention to possible side effects or drug interactions when I take vitamin or mineral supplements.

Strongly agree  
Somewhat Agree  
Somewhat Disagree  
Strongly disagree  
DK/NS  
RF

R2. As far as you know, does the government set manufacturing standards for vitamin and mineral supplements?

Yes  
No  
DK/NS  
RF

R3. As far as you know, does the government approve vitamin and mineral supplements before they are marketed to consumers?

Yes  
No  
DK/NS  
RF

**[PROG: R3. ALL RESPONSES SKIP TO ER1]**

**[PROG: Q16. ; ASK Q16 ONLY IF N3=Yes]**

Q16. Before you try an herb, botanical, or supplements that are not vitamins or minerals **for the first time**, do you usually, sometimes, hardly ever, or do you never look for information about the supplement?

Usually  
Sometimes  
Hardly ever  
Never  
DK/NS  
RF

**[PROG: If Q16=Never/ DK/NS/or RF SKIP TO Q19]**

Q17. Do you personally get a lot, a little, or no information about herb, botanical, or supplements that are **not** vitamins or minerals from each of the following.

**[PROG. Q17: RANDOMIZE LIST KEEP a AND b TOGETHER AND DON'T CHANGE THEIR ORDER]**

an alternative medicine practitioner like a nutrition therapist or a herbal therapist [ALSO INCLUDES: PRACTITIONER/THERAPIST OF ACUPUNCTURE, BIOFEEDBACK, CHIROPRACTIC, CHELATION THERAPY, ENERGY HEALING/REIKI, FOLK MEDICINE, HEPNOSIS, HERBAL THERAPY, HOMEOPATHY, MASSAGE, NATUROPATHY, NUTRITION THERAPY, OSTEOPATHY.]

A medical doctor, physician's assistant, registered nurse, or dietitian

Family or friends

A sales person at a store

Newspapers, magazines, books, or medical articles

Television or radio

The Internet

Product labels

A lot

A little

No information

DK/NS

RF

Q19. Now, let's talk about the labels on herbs, botanicals, or supplements that are **not** vitamins or minerals. Do you yourself use these labels to find out

**[PROG: Q19. RANDOMIZE LIST]**

What ingredients are in the product

The amounts of specific ingredients in the product

What the product is for

If there are side effects or drug interactions from using the product

If anyone should avoid the product

How different brands of a supplement compare to each other

**(INTERVIEWER – DON'T READ “The information is not on the labels/DK/NS/ OR REF; LABELS INCLUDE LABELS ON THE BOTTLES/PACKAGES AND PACKAGE INSERTS.)**

Yes

No

The information is not on the labels

DK/NS

RF

**[PROG: R4. RANDOMIZE LIST]**

R4. I am going to read four statements about herbs, botanicals, or supplements that are **not** vitamins or minerals. Please tell me how strongly you agree or disagree with each statement.

A good reason for me to take herbs, botanicals, or supplements that are not vitamins or minerals is to **prevent** illnesses.

A good reason for me to take herbs, botanicals, or supplements that are not vitamins or minerals is to **treat** illnesses.

It is important to educate myself about herbs, botanicals, or supplements that are not vitamins or minerals before I try them.

I try to pay attention to possible side effects or drug interactions when I take herbs, botanicals, or supplements that are not vitamins or minerals

Strongly agree  
Somewhat Agree  
Somewhat Disagree  
Strongly disagree  
DK/NS  
RF

R5. As far as you know, does the government set manufacturing standards for herbs, botanicals, or supplements that are **not** vitamins or minerals?

Yes  
No  
DK/NS  
RF

R6. As far as you know, does the government approve herbs, botanicals, or supplements that are **not** vitamins or minerals before they are marketed to consumers?

Yes  
No  
DK/NS  
RF



ER1. Now, let's talk about a different topic. Caffeinated beverages are beverages that contain naturally occurring or added caffeine. In the past 30 days, how often did you drink each of the following types of caffeinated beverages?

**[ASK FOR AND RECORD PRODUCT NAME(S) AND VERIFY SPELLINGS -- ONLY WHEN "CAFFEINATED ENERGY DRINKS" OR "OTHER TYPES OF CAFFEINATED DRINKS" IS NOT=never/DK/NS/RF IN ER1]**

Coffee

Tea

Soda, such as cola

Caffeinated energy drinks

Other types of caffeinated drinks, such as caffeinated waters, smoothies, juices, or shakes

**(INTERVIEWER – DON'T READ /DK/NS/ OR REF**

**CLARIFY IF ANSWER DOES NOT CLEARLY INFER CAFFEINATED**

**BEVERAGE - i.e. "FRUIT SMOOTHIES"; ASK " Did you mean Caffeinated smoothie?"**)

Never

Less than once a week

Once a week or more but less than once a day

Once a day

More than once a day

DK/NS

RF

**[(1) IF D AND/OR E IS NOT=NEVER/DK/NS/RF, LOOP ER1 OTHER FOR EACH OPTION, (2) IF D AND E = NEVER, SKIP TO SECTION E/V2.]**

ER1\_OTHER. You said you drank [INSERT TYPE FROM ER1], what PRODUCT did you drink? (Open Ended)

**(INTERVIEWER NOTE: SOME PRODUCTS MAY BE OFF-SPRINGS OF THESE PARENT PRODUCTS, SUCH AS ZERO-CALORIE VARIANTS DO NOT READ LIST; ACCEPT MULTIPLE MENTIONS)**

5-hour Energy

Monster Energy

NOS

Red Bull

Rockstar

X Games Energy

AMP

BAWLS Guarana

Full Throttle  
No Fear  
Rip It  
Spike Shooter  
Mio Energy  
Crystal Light Energy On-the-Go  
Stacker 2 Extra  
Cellucor C4 Extreme  
Cytomax Sports Energy  
VPX Redline  
HiBall Sparkling Energy Water  
Avitae Water  
Water Joe  
Naked Juice Energy Smoothie  
JetTea Smoothie  
Frava Juice  
Kickstart Juice  
Atkins Mocha Latte Shake  
Muscle Monster Coffee Energy Shake  
Other [Specify]  
DK/NS/CAN'T REMEMBER  
REF

ER2. You said that in the past 30 days you drank **[READ ONE OR MORE OF “caffeinated energy drinks,” or “other types of caffeinated drinks” PER ANSWERS TO ER1] AND CORRESPONDING FREQUENCY FROM ER1].** Was this more often, less often, or about as often as you drank it a year ago?

Caffeinated energy drinks

Other types of caffeinated drinks, such as caffeinated waters, smoothies, juices, or shakes

**(INTERVIEWER – DON'T READ “I did not drink it a year ago” /DK/NS/ OR REF)**

More often  
Less often  
About as often as a year ago  
I did not drink it a year ago  
DK/NS  
RF

ER4. In the past 30 days, have you experienced any effects from caffeinated energy drinks, or other caffeinated beverages such as caffeinated waters, smoothies, juices, or shakes?

Yes  
No  
DK/NS  
RF

[PROG: IF ER4=YES, ASK ER4\_OTHER]

**ER4\_OTHER.** ER4. From which type of caffeinated beverages did you have any effect ?

**(INTERVIEWER –READ IF NECESSAIRY / WE JUST NEED A GENERAL IDEA ABOUT THE TYPE OF DRINK:**

Caffeinated energy drinks  
Other caffeinated drinks, such as caffeinated waters, smoothies,  
juices, or shakes)

**[PROG: IF NO, DK/NS, OR RF IN Er4, SKIP TO NEXT SECTION: SECTION E /V2]**

ER5. The **last time** you had such effects, what were they?

**(INTERVIEWER – DO NOT READ)**

Agitation  
Allergic symptoms/reactions (rash, hives, swelling)  
Anxiety  
Chest pain  
Confusion  
Diarrhea  
Dizziness  
Fainting  
Headache  
Heart problems  
Hyper  
Increased respiration  
Insomnia or other sleep problems  
Jittering  
Kidney problems  
Loss or change of consciousness  
Memory problems  
Nausea  
Nervousness  
Restlessness  
Ringing in the ears  
Seizure or convulsion  
Shortness of breath  
Improved sports performance  
Weight loss/ control  
Increased alertness  
Relaxation  
Improved nutrition/health/mood  
Other [**specify-RECORD UP TO TWO**]  
DK/NS  
RF

**[PROG:**

**IF ER5 only** = “Improved sports performance” / OR  
“Weight loss/ control” / OR  
“Increased alertness” / OR  
“Relaxation” / OR  
“Improved nutrition/health/mood” / OR  
“DK/NS” / OR “RF”  
**SKIP TO V2 in SECTION E]**

ER6. Did you do anything about these effects?

Yes  
No  
DK/NS  
RF

[PROG: IF ER6=YES, ASK ER6\_OTHER; OTHERWISE, SKIP TO V2 IN SECTION E.]

ER6\_OTHER. What did you do about these effects? You can say YES to more than one of the following answers.

**[PROG: ER6\_OTHER. RANDOMIZE LIST]**  
**(INTERVIEWER - READ LIST)**

Stop using the product  
Go to see a doctor  
Go to an emergency room or other healthcare facility  
Admit yourself into a hospital  
Treat yourself without seeing a healthcare professional  
Take some rest to recover  
Report to the manufacturer or the store where you bought the product

Yes  
No  
DK/NS  
RF

ER7. Did you report these effects to ...

**[PROG: ER7. RANDOMIZE LIST]**  
**(INTERVIEWER - READ LIST)**

The Food and Drug Administration or FDA  
The Centers for Disease Control and Prevention or CDC  
A local or state health department  
A poison control center  
A doctor

Yes  
No  
DK  
RF

**[PROG: ER7. ALL IN ER7 SKIP TO V2 in SECTION E]**

FDA Health and Diet Survey, Version 2

**SECTION B. DIET-DISEASE RELATIONSHIPS**

D1. First, I am going to read two statements about food. As I read each statement, please tell me how much you agree or disagree with it. The first statement is... Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with it? ... The next statement is “...”

**[PROG: D1: RANDOMIZE LIST/RANDOMIZE ITEMS]**

I am confident that I know how to choose healthy foods.  
I generally know which menu items in a restaurant have more calories and which have less calories.

**(INTERVIEWER: REPEAT RESPONSE OPTIONS WHEN NECESSARY)**

Strongly agree  
Somewhat agree  
Somewhat disagree  
Strongly disagree

A9. Have you heard anything about high blood pressure being related to things people eat or drink?

Yes  
No  
DK/NS  
RF

A10r. As far as you know, do **all adults** face the same chance of getting high blood pressure?

Yes  
No  
DK/NS  
RF

A10s. Do adults and children face the same chance of getting high blood pressure?

Yes  
No  
DK/NS

RF

A10t. Now, let's talk about how much salt or sodium we eat in our diet. In your opinion, do American adults .....

?

**[PROG: A10t. RANDOMIZE LIST, IN LEADING SENTENCE ALSO PLEASE]**

**[PROG: RANDOMIZE LIST]**

eat more salt than they should,  
eat as much salt they should, or  
eat less salt than they should

-

A10u. Among the following groups of adults, who should pay special attention to how much salt or sodium they eat? Please tell me yes or no for each

**[PROG: A10u. RANDOMIZE LIST; MP]  
(INTERVIEWER –READ LIST SLOWLY)**

Those who are 51 years or older  
African Americans  
Those who have high blood pressure, diabetes, or chronic kidney disease  
Those who have cancer  
Hispanics  
Those who are 50 years or younger

Yes

No

DK/NS

RF

A10v. Some people say that we as a nation should eat less salt or sodium. Whose actions do you think can be **most effective** in reducing the amount of salt or sodium we eat ....  
we the consumer,  
food manufacturers and retailers,  
the restaurant industry,  
or the government?

**[PROG: A10v. RANDOMIZE LIST; RECORD ONE ANSWER ONLY]**

**(INTERVIEWER –READ LIST, DON’T READ “no one”/” everyone/all of them equally”/all of the above/DK/NS OR RF)**

We the consumer  
Food manufacturers and retailers  
The restaurant industry  
The government  
No one  
Everyone/all of them equally/all of the above  
DK/NS  
RF

A10w. Think about the products you see in the supermarket, would you say the amount of salt or sodium in these products are **[PROG: A10W. RANDOMIZE “lower” AND “higher”]**

Higher  
Lower  
Or, about the same as five years ago?  
DK/NS  
RF



SLT1. Now, think about the sources of salt or sodium in **your** own diet. How much of the salt or sodium **you** eat comes from each of the following six sources, none, a little, some, or a lot?

**[PROG: SLT1 READ AND RANDOMIZE LIST]**

The salt I add at the table

The salt added when meals are prepared or cooked at my home

The salt added to packaged or processed foods such as bread, canned soups, chips, sausages

The salt in foods prepared by fast-food or other types of restaurants

The salt that naturally exists in foods

None

A little

Some

A lot

DK/NS

RF

SLT2. How concerned are you about the amount of salt or sodium you eat?

**(INTERVIEWER: READ LIST)**

Very concerned

Somewhat concerned

Somewhat unconcerned

Not concerned at all

DK/NS

RF

SLT3. If you wanted to eat less salt or sodium, how easy or difficult would it be for you to actually do it?

**(INTERVIEWER: READ LIST)**

Very easy

Somewhat easy

Somewhat difficult

Very difficult

DK/NS

RF

SLT4. Are you currently watching or reducing your salt or sodium intake?

- Yes
- No
- DK/NS
- RF

**[PROG: SLT4.if SLT4=NO, DK/NS, OR RF SKIP TO STL6]**

SLT5. Has a doctor or other health professional ever advised you to watch or reduce your salt or sodium intake?

- Yes
- No
- DK/NS
- RF

SLT6. There are some food products specially made to have less salt or sodium; they're often labeled "low salt," "reduced salt," "low sodium," "reduced sodium" or something like that. Have you ever seen any of these products in the store or in advertising?

- Yes
- No
- DK/NS
- RF

**[PROG: SLT6.if SLT6=NO, DK/NS, OR RF SKIP TO STL8]**

SLT7. Do you buy "low sodium," "reduced sodium," "low salt," or "reduced salt" foods regularly, only sometimes, hardly ever, or do you never buy these products?

- Regularly
- Sometimes
- Hardly ever
- Never
- DK/NS
- RF

SLT8. I am going to read six statements about reduced or low sodium or salt products. Please tell me how strongly you agree or disagree with each statement.

**[PROG: SLT8. RANDOMIZE LIST]**

Reduced or low sodium products generally don't taste as good as regular products

Reduced or low sodium products usually cost more than regular products

Reduced or low sodium products are not always available in the store

Reduced or low sodium products are good for me

I know which products are low in sodium or have reduced amount of sodium

I should eat reduced or low sodium products

Strongly agree

Somewhat Agree

Somewhat Disagree

Strongly disagree

DK/NS

RF

DBA700. Now, think about your eating habits. In general, how healthy is your overall diet? Would you say?

**(INTERVIEWER: READ LIST)**

Excellent

Very good

Good

Fair, or

Poor

DK/NS

RF

B1. Next, I am going to ask you about three different kinds of fat in foods we eat. As I read each one, please tell me whether you have ever heard of it. [RANDOMIZE LIST]

Trans fat or Trans fatty acid

Saturated fat

Omega 3 fatty acid

Yes

No

DK/NS

RF

B2. You just told me you had heard of **[NAME OF FAT FROM B1]**. As far as you know, does **[NAME OF FAT FROM B1]** raise the risk of heart disease, lower the risk of heart disease, or have no effect on the risk of heart disease, or you don't know?

**[PROG: B2.: ASK FOR EACH Yes in B1]**

Raise the risk  
Lower the risk  
Have no effect  
DK  
NS  
RF

### **SECTION C. USE AND UNDERSTANDING OF FOOD LABELS**

E1. I'd like you to think about the labels on many food products that list ingredients and provide nutrition and other information. When you buy a product for the **first time**, how often do you read this information? Would you say often, sometimes, rarely, or never?

Often  
Sometimes  
Rarely or  
Never  
DK/NS  
RF

**[IF E1=NEVER, SKIP TO E5, IF E1= DK/NS OR RF SKIP TO E10]**

E2. People tell us they use food product labels in many different ways. When you look at food labels, either in the store or at home, how often, if at all, do you use the labels in the following ways? Would you say you often, sometimes, rarely or never use the label

**[PROG: E2. RANDOMIZE LIST]**

**[PROG: E2. ALL IN E2 SKIP TO E6]**

To help you decide which brand of a particular food item to buy  
To figure out how much of the food product you or your family should eat  
To compare different food items with each other  
To see if something said in advertising or on the package is actually true  
To get a general idea of the nutritional content of the food  
To see how high or low the food is in things like calories, salt, vitamins, or fat  
To help you in meal planning  
To see if there is an ingredient that you or someone in your family should avoid

Often  
Sometimes  
Rarely  
Never  
DK/NS  
RF

E5. People have different reasons for **not** using the nutrition information on the food label. Please say whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each of the following reasons for not using the food label:

**[PROG: E5. RANDOMIZE LIST]**

**[PROG: E5. ALL IN E5 SKIP TO E10]**

I'm just not that interested  
The information is hard to understand  
It takes too much time  
I prefer getting nutrition information from other sources  
I don't need to use the food label since I already know what foods to eat

Strongly Agree  
Somewhat Agree  
Somewhat Disagree  
Strongly Disagree  
DK/NS  
RF

E6. Now, I would like for you to think about information about serving sizes which is also found on the food label. Would you say you often, sometimes, rarely or never use serving size information?

Often  
Sometimes  
Rarely  
Never  
DK/NS  
RF

**[IF E6=NEVER, OR IF E6= DK/NS OR RF SKIP TO E10]**

E7. What does serving size mean to you? You can choose more than one answer.

**[PROG: E7. RANDOMIZE LIST]**

The amount of a food that people should eat  
The amount of a food that people usually eat

Something that makes it easier to compare foods  
[DON'T READ] Other [Specify]  
DK/NS  
RF

[PROG: E7. ALL RESPONDENTS SKIP TO E10]

E10. Food packages sometimes have statements on the front of the package that describe the product as “low sodium” or “rich in antioxidants.” When it is available, how often do you use this information when deciding to buy a product? Would you say often, sometimes, rarely, or never?

**(INTERVIEWER, DON'T READ “I've never seen these products”/DK/NS OR RF)**

Often  
Sometimes  
Rarely  
Never  
I've never seen these products  
DK/NS  
RF

**[PROG: E10. IF E10= “I've never seen these products”/DK/NS OR RF SKIP TO E20]**

E11. About how many of the food labels that use statements like “low sodium” or “rich in antioxidants” do you believe accurately describe the food—just about all of them, most of them, only some of them or almost none of them?

All of them  
Most of them  
Some of them  
None of them  
DK/NS  
RF

[PROG: ALL GO TO E20]

**E20.** Some food packages say the product “contains no added sugar” or it has “no sugar added.” When it is available, how often do you use this information when deciding to buy a product? Would you say often, sometimes, rarely, or never?

**(INTERVIEWER, DON'T READ “I've never seen these products/claims, I don't know what added sugar is/I've never heard of added sugar”/“I've never seen these claims”/DK/NS OR RF)**

Often

Sometimes

Rarely

Never

I've never seen these products/claims, I don't know what added sugar is/I've never heard of added sugar

DK/NS

RF

**[PROG: E20. IF E20= “I've never seen these products/claims, I don't know what added sugar is/I've never heard of added sugar”/DK/NS OR RF SKIP TO NF1]**

**E21.** About how many of the food labels that use statements like “contains no added sugar” or “no sugar added” do you believe accurately describe the food—just about all of them, most of them, only some of them or almost none of them?

All of them

Most of them

Some of them

None of them

DK/NS

RF

#### **SECTION D. DIETARY MANAGEMENT AND KNOWLEDGE**

NF1. Have you tried to limit any of the following things in your diet in the past 30 days? Have you tried to limit the amount of ..... in your diet, yes or no? .... What about ....?

**[PROG: NF1. RANDOMIZE LIST]**

Saturated fat

Trans fat or trans fatty acid

Calories

Cholesterol

Carbohydrates

Sodium

Sugar

**(INTERVIEWER - READ LIST; REPEAT "YES OR NO" WHEN NECESSARY)**

Yes  
No  
DK/NS  
RF

NF2. Have you tried to eat enough of any of the following things in your diet in the past 30 days? Have you tried to eat enough of ... in your diet, yes or no? .... What about ....? .

**[PROG: NF2. RANDOMIZE LIST]**

Calcium  
Iron  
Vitamin A  
Vitamin C  
Potassium  
Fiber  
Vitamin D

**(INTERVIEWER - READ LIST; REPEAT "YES OR NO" WHEN NECESSARY)**

Yes  
No  
DK/NS  
RF

**SECTION E. PHONE USE STATUS, HEALTH STATUS, AND DEMOGRAPHICS**

**[PROG.:V2. ONLY respondents reached via a landline number]**

V2. Now, I have a few questions for statistical purposes. Are there any telephone numbers in addition to [the telephone number being called] in your home that you receive calls on? Please exclude cell phone numbers or numbers used only for fax or computer.

Yes  
No  
DK/NS  
RF

**[IF V2=YES GO TO V2a**

**IF V2=( (No, DK/NS, OR RF) AND If SCR3a="cell also," )GO TO V4a. OTHERWISE,  
SKIP TO V3]**



**[PROG. ASK V2a: ASK V2a. to ONLY respondents reached via a landline number]**

V2a. Is this/Are these number(s) for ...

- Home use
- Business and home use
- Business use only
- DK/NS
- RF

**[PROG. V4a : ASK IF SCR5='landline also,' OR IF V2='no/dk/ns/rf AND ROUTED TO V4A]**

V4a. Of all the telephone calls that you or your household receive, are all or almost all calls received on cell phones, some received on cell phones and some on regular phones, or very few or none received on cell phones?

- All or almost all calls received on cell phones
- Some received on cell phones and some on regular phones
- Very few or none on cell phones
- DK/NS
- RF

V4b. Thinking just about the **landline** home phone, **not** your cell phone, if that telephone rang and someone was home, under normal circumstances, how likely would it be answered? Would you say extremely likely the landline would be answered, very likely, somewhat likely, somewhat unlikely or not at all likely the landline would be answer?

- Extremely likely that landline would be answered
- Very likely that landline would be answered
- Somewhat likely that landline would be answered
- Somewhat unlikely that landline would be answered
- Very unlikely that landline would be answered
- Not at all likely that landline would be answered
- DK/NS
- RF

V4c. Are there any other persons who use [the telephone number being called] for their personal calls?

- Yes
- No
- DK/NS
- RF

V3. How many adults, age 18 and older, including yourself live in your household?

NUMBER: \_\_\_\_\_ (RANGE: 1-15)

DK/NS

RF

V5. What is the last grade or year of school that you have completed?

**(INTERVIEWER -- READ LIST IF NECESSARY)**

0-11years

12 years or high school graduate

1-3 years of college

4 years of college or college graduate

Postgraduate/Masters/doctorate/law degree/MD

DK/NS

RF

V6. Are you of Hispanic or Latino origin?

Yes

No

DK/NS

RF

V7. What is your race? Please select one or more categories.

**[PROG: V7. READ LIST]**

White

Black or African American

Asian

Native Hawaiian or other Pacific Islander

American Indian or Alaskan Native

Yes

No

DK/NS

RF

V8. What year were you born?

19 \_\_\_\_\_ (RANGE: 19xx-19yy)

DK/NS

RF

[RESPONDENT AGE = 201x – V8.]

“The next few questions may seem a bit personal. But we need this information because this survey is about nutrition and health.”

V9. How tall are you without shoes?

**(INTERVIEWER WHEN THE RESPONDENT REPORTS FRACTIONS, ROUND UP TO THE NEXT WHOLE NUMBER. FOR EXAMPLE, 3.5 INCHES SHOULD BE CODED AS 4 INCHES. DON'T PROBE.)**

( ) feet and ( ) inches

OR

( ) meter(s) and/or ( ) centimeters

DK/NS [ENTER 88 FEET 0 INCH]

RF [ENTER 99 FEET 0 INCH]

V10. How much do you weigh without shoes?

**(INTERVIEWER WHEN THE RESPONDENT REPORTS FRACTIONS ROUND UP TO THE NEXT WHOLE NUMBER. FOR EXAMPLE, 122.5 POUNDS SHOULD BE CODED AS 123 POUNDS. DON'T PROBE.)**

( ) pounds

OR

( ) kilograms

DK/NS [ENTER 8888 POUNDS]

RF [ENTER 9999 POUNDNS]

V11. How do you describe your health? In general, would you say your health is...?

**(INTERVIEWER - READ LIST)**

Excellent

Very good

Good

Fair, or

Poor

DK/NS

RF

[PROG: VERSION 1 ONLY]

V12a. Have you ever been told by a doctor or other healthcare professional that you have any of the following health conditions? I don't need to know which condition, just whether you have **any** of them.

**(INTERVIEWER - READ:** “high blood pressure, diabetes, high cholesterol, heart disease, obesity, overweight, or cancer.”)

Yes  
No  
DK/NS  
RF

[PROG: VERSION 2 ONLY]

V12b. Have you ever been told by a doctor or other healthcare professional that you have any of the following health conditions: “high blood pressure, diabetes, high cholesterol, heart disease, obesity, overweight, or cancer? I don’t need to know which condition, just whether you have **any** of them.

**(INTERVIEWER - READ.”)**

Yes  
No  
DK/NS  
RF

V13. I am going to read you a list of categories of income. Please stop me when I read the category that includes your total household income before taxes for year 201x.

Less than \$25,000  
From \$25,000 to less than \$50,000  
\$50,000 to less than \$75,000  
\$75,000 to less than \$100,000  
\$100,000 or more  
DK/NS  
RF

Thank you. Those are all the questions I have at this time.